

Exhibit H

Date

Name
Address
City, State Zip

Dear Madam/Sir:

We have received your request for the reimbursement of administrative expenses you incurred in the storage and/or distribution of USDA commodities dated _____. The item(s) checked below apply to you:

☒ You will be receiving a total payment of \$«Amount» within approximately three weeks.

_____ As of the date of this letter, our records indicate you have distributed commodities for FFY08 with a total value of \$_____. Therefore, the maximum amount that can be allowed for reimbursement of your administrative expenses is \$_____.

_____ Our agency has previously paid your organization for administrative expenses. This decreases the amount available for reimbursement by \$_____.

_____ Your CAP amount has been exhausted and we are unable to reimburse you for expenses claimed as follows:

_____ Your requests for reimbursement should be submitted at least quarterly. You submitted your request too late for reimbursement.

We appreciate your interest and participation in The Emergency Food Assistance Program. Thank you for your part in the distribution of commodities to needy Kansans.

Sincerely,

Lori Allen
Program Logistics Manager

LAA:cjc

SRS is an equal opportunity provider
8-H